

POSITION	ID NO.	DATE
CLASSIFIER	32	7/19/85
EXAMINER	TNY	8-9-95
TYPIST	T.D.	8/8/95
VERIFIER		
CORPS CORR.		
SPEC. HAND		
FILE MAINT.		
DRAFTING		

## INDEX OF CLAIMS

Claim	Date
Final	
1	10/1/84
2	1/1/85
3	1/1/85
4	1/1/85
5 N	
6 N	
7	1/1/85
8	1/1/85
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12	1/1/85
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SYMBOLS

- ✓ Rejected
- Allowed
- (Through number) Cancelled
- Restricted
- N Non-elected
- Interference
- A Appeal
- O Objected

Claim	Date
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